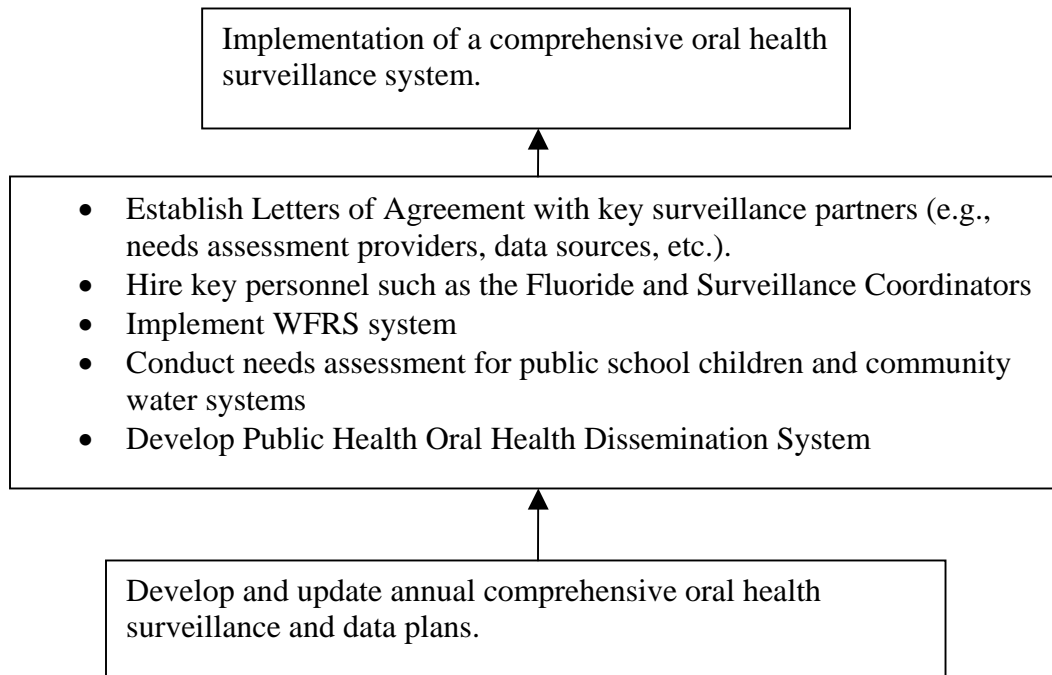


## Chapter 2: Surveillance

**Background:** In broad terms, the surveillance system will be used to produce scientifically valid and reliable data that could be used by policy makers from the state to the county level in designing, implementing and evaluating public oral health interventions. Stakeholders will be able to use surveillance data for their own purposes. They will in turn provide useful information on the evaluation process of the surveillance system. An annual surveillance plan will be published by DHEC.

### **Logic Model:**



### **General Objectives:**

**2.1.1 Develop Public Health Dissemination System that includes publication of the State Oral Health Surveillance Plan, oral health burden documents, needs assessments, and other related surveillance information via an Internet presence through the DHEC Oral Health Website by June 2008.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type:** Process

**Data Collection Method:** Evidence of website.

**2.1.2. Develop surveillance and data management plans that are compatible and National Oral Health Surveillance System and future GIS needs by March 2008, and update annually thereafter.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type:** Process

**Data Collection Method:** Evidence of surveillance plan.

**2.1.3. Submit timely and relevant information to ASTDD and the National Oral Health Surveillance System on an established interval.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

**Measurement Type:** Process

**Data Collection Method:** Evidence of ASTDD report.

**2.1.4. Implement a comprehensive oral health surveillance system that meets the needs of all key stakeholders, leverages timely and relevant data, and is compliant with national standards by June 2009.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

**Measurement Type:** Outcome

**Data Collection Method:** DHEC's surveillance coordinator will conduct interviews with key stakeholders to ascertain if their data needs are being met. Feedback will be used to enhance the surveillance plan and system.

**2.1.5. The Surveillance Coordinator will collaborate with DHEC's PHSIS and the Office of Research and Statistics in the integration of all primary and secondary data sources germane to the Division of Oral Health's programs and services.**

**South Carolina Baseline:** Not applicable

**Healthy People Reference:** 7-11w: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to surveillance and data systems.

Baseline (1996-97): 14%

2010 Target: (developmental)

**Original State Oral Health Plan Reference:** Not Applicable

**Measurement Type:** Process

**Data Collection Method:** Evidence of meeting minutes and resulting databases for surveillance.

**Fluoridated Water Objectives:**

**2.2.1 Establish a community fluoride monitoring system using the CDC WFRS system .**

**Status: Met**

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**21-9:** Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

**Measurement Type:** Process

**Data Collection Method:** Evidence of CDC WFRS system.

**2.2.2. Maintain a joint collaboration with Bureau of Water and Division of Oral Health.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

**Measurement Type:** Process

**Data Collection Method:** Evidence by BOW-DOH Meeting Minutes

**2.2.3. Complete annual assessment of community water systems using WFRS.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**21-9:** Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

**Measurement Type:** Process

**Data Collection Method:** Evidence of assessment.

**2.2.4. Maintain a Fluoride Coordinator position to manage the WFRS.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**21-9:** Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type:** Process

**Data Collection Method:** Position Description

**2.2.5. Surveillance Coordinator to provide technical assistance to the Water Fluoridation Coordinator on surveillance activities.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type:** Process

**Data Collection Method:** Evidence by BOW\DOH Meeting Minutes.

**2.2.6. By June 2009, DHEC Division of Oral Health staff will build into the surveillance plan, the ability to identify: (a) The number of homes served by public water system; (b) The number of homes served by fluoridated public water systems; and, (c) Areas where homes are not served by fluoridated water systems.**

**South Carolina Baseline:** Not applicable

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Database

**2.2.7. By March 2008, DHEC Division of Oral Health staff will build into the surveillance plan, the ability to determine if water systems provide monthly fluoridation level reports to the Bureau of Water.**

**South Carolina Baseline** - Not applicable

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Surveillance Plan

**2.2.8. By March 2008, DHEC Division of Oral Health staff will build into the surveillance plan, the ability to determine if the fluoridated water systems are maintaining optimal levels of fluoride.**

**South Carolina Baseline** - Not applicable

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None  
2010 Target: (total coverage)  
21-9: Increase persons on public water receiving optimally fluoridated water.  
Baseline (1992): 62%  
2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Impact

**Data Collection Method** – Surveillance Plan

**2.2.9. The Bureau of Water will manage the data flow protocol for the water fluoridation reports, which are received by DHEC from the water systems then sent to WFRS at CDC.**

**South Carolina Baseline** - Not applicable

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None  
2010 Target: (total coverage)  
21-9: Increase persons on public water receiving optimally fluoridated water.  
Baseline (1992): 62%  
2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of the website

**2.2.10. By June 2009, DHEC Division of Oral Health staff will build into the surveillance plan, the ability to map community water fluoride levels and publish them on the DHEC website.**

**South Carolina Baseline** - Not applicable

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None  
2010 Target: (total coverage)  
21-9: Increase persons on public water receiving optimally fluoridated water.  
Baseline (1992): 62%  
2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of the website

**Public School Objectives** –

**2.3.1. Conduct needs assessment on the oral health status of public school children in South Carolina by June 2008.**

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None  
2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of contractual and permissive agreements between DHEC and key stakeholders for the sharing of information. Evidence of needs assessment completed.

**2.3.2. Develop a Letter of Support with the South Carolina Dental Association, the South Carolina Dental Hygiene Association and DHEC for the Oral Health Needs Assessment by September 2007.**

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of letters of agreement.

**2.3.3. Develop Letters of Agreement with the selected school districts and schools by September 2007.**

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of letters of agreement.

**2.3.4. A comprehensive oral health cube will be developed by the Office of Research and Statistics, in partnership with DHEC, the Advisory Council and the Coalition, by August 2007 in order to provide surveillance data that will aid in the evaluation of the school-based oral health programs.**

**South Carolina Baseline** - Not applicable

**Healthy People Reference** 7-11w: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to surveillance and data systems.

Baseline (1996-97): 14%

2010 Target: (developmental)

**Original State Oral Health Plan Reference** – Not Applicable

**Measurement Type** - Process

**Data Collection Method** – Evidence of the cube, which will be monitored through the Coalition.

**2.3.5. The Division of Oral Health will track compliance with the state public health guidelines on an annual basis beginning September 2008.**

**South Carolina Baseline** - Not applicable

**Healthy People Reference** 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health.

Baseline (1996-97): 25%

2010 Target: 50%

**Original State Oral Health Plan Reference** – Priority 5; Strategy 5.2 (See Appendix F)

**Measurement Type** - Process

**Data Collection Method** – Surveillance Coordinator will include this assessment, as a part of the annual needs assessment.

- 2.3.6. The Division of Oral Health will conduct a feasibility study, by June 2008, to determine if a unified data collection system can be developed in order to monitor state public health guideline compliance and integrate all the school-base programs' data.**

**South Carolina Baseline** - Not applicable

**Healthy People Reference** 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health.

Baseline (1996-97): 25%

2010 Target: 50%

**Original State Oral Health Plan Reference** – Priority 5; Strategy 5.2 (See Appendix F)

**Measurement Type** - Process

**Data Collection Method** – Evidence of study, which will be monitored through the Coalition.

**Comments** – The objectives are based on the most current version of the SC Oral Health Surveillance Plan (See Appendix C), as well as work done by Coalition workgroups in the areas of school-based programs and fluoridated water. All objectives are expected to be completed by June 2011, and will be updated with new information based on *Healthy People 2020* at that time.